



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 8/23/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of 4 additional sessions of individual psychotherapy and 4 sessions of biofeedback.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The reviewer is a PhD in Counseling and License Professional Counselor. The reviewer has been practicing for greater than 10 years.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of 4 additional sessions of individual psychotherapy and 4 sessions of biofeedback.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed from The Hartford:

Pre-authorization Request – 7/20/12

Patient Face Sheet – undated

Psych Evaluation Script – 5/10/12

Individual Psychotherapy Treatment Re-Assessment Summary – 7/17/12

Request for Reconsideration – 8/6//12

The Hartford:

Denial Letters – 7/25/12 & 8/8/12

Records

LHL009 – 8/9/12

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient sustained a work related injury. Treatment history or background information was not provided. He has completed 6 sessions of individual psychotherapy. His responses to the Fear Avoidance Beliefs Questionnaire (FABQ) showed an increase in his fear avoidance of work following the 4 sessions of psychotherapy as reported in the narrative, but the included chart showed a minimal decrease in pain, irritability and anxiety. There was a reported increase in depression on the Beck Depression Inventory.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient reported very little improvement in some symptoms following psychotherapy. He also reported greater decreases in functioning according to the BDI-II with no real change in anxiety. The information provided did not demonstrate improvement in functioning, additional psychotherapy is not medically necessary at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)